

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

09 JAN 26 PM 2:37

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Election Fund of Tom Kean

ADDRESS (number and street)

1 PO Box 1225

Check if different
than previously
reported. (ACC)

Columbia

NJ

07067-0225

2. FEC IDENTIFICATION NUMBER ▼

000410365

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

NJ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 01 2008

through

M M / D D / Y Y Y Y
12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ronald Gravino

Signature of Treasurer

Ronald Gravino

Date

M M / D D / Y Y Y Y
01 19 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Only

FEC FORM 3
(Revised 02/2003)